Application for Permission to Operate a Tattoo and/or Body Art Establishment

Date:			
Name of Facility:			
Address of Facility:			
Telephone of Facility :			
Owner's Name:			
Owner's Address:			
Owner's Telephone:			
	be emailed from <u>noreply@smartg</u>		
Please list all practitioners	s and their current practice at the	ne establishment:	
Type of Facility			
Tattoo Only	\$350.00 per Lynn Board	of Health 3/10/20	
Body Art Only	\$350.00 per Lynn Board	of Health 3/10/20	
Tattoo and Body Art	\$500.00 per Lynn Board	of Health 3/10/20	
For office use only:			
Date Paid:	, Cash/Credit/Check	, Clerk's Initials	